

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

DAVID A. PAYNE

Plaintiff,

FILED
2017 JUN 10 PM 11:16

X U.S. CLERK
DISTRICT COURT
E.D.N.Y.
AFTER HOURS DROP BOX

Orig

COMPLAINT

-against-
HEALTH AND HOSPITAL CORPORATION,
BROOKLYN EYE SURGERY CENTER,
BROOKLYN EYE CENTER,
DR. MARK HAROONI, JOHN DOE,
DR. SHOBIT RASTOGI,

Defendants

CV 17- 3536

VITALIANO, J.

LEVY, M.J.

1. Parties:

Plaintiff David Payne, resides at

861 E 46th Street, 1A
Brooklyn, NY 11203

Defendant Health and Hospital Corporation, resides at 125 Worth St,
New York, NY 10013

Defendant Dr. Mark Harooni, resides at Brooklyn Eye Center

1530 Bedford Ave.

Brooklyn, NY 11216

and

Brooklyn Eye Surgery Center

1301 Ave. J,

Brooklyn, NY 11230

Defendant Dr. Shobit Rastogi, resides at Brooklyn Eye Center

1530 Bedford Ave.

Brooklyn, NY 11216

Defendant John Doe resides at

Brooklyn Eye Center

1530 Bedford Ave.

Brooklyn, NY 11216

EXHIBIT B-1

On 11/11/15 was the date of a 2nd surgery to remove the oil at Brooklyn Eye Surgery Center 1301 Ave. J, Brooklyn, NY 11230. Dr. Harooni said he removed the oil and covered my eye with a silicone bandage. That bandage was removed on 11/12/15 at Bedford Ave.-location •

EXHIBIT B-2

The Brooklyn Eye Surgery Center billed Health First for the surgery dated 11/11/15 by Doctor Mark Harooni, MD

EXHIBIT C-1

On 12/21/15 I had severe pain concentrated around my right eye and on the right side of my head. Dr Harooni told me to come to 1530 Bedford Ave. Brooklyn, NY 11216. When I arrived he told me to sign a form for laser treatment on the right side outer corner of the eye, It was done by Dr. Shobit Rastogi, MD. It was a terrifying experience for me I stayed in waiting area until I recovered enough to leave. From that day till present, I continue to have headaches around about my right eye and concentrated on the right side of my head.

EXHIBIT C-2

Dr. Shobit Rastogi billed Health First for the laser treatment surgery done on 12/22/15 •

6/9/16 I visited another doctor Dr. Saffra because of the horrific experience I was having with Dr. Harooni and his colleges. Dr. Saffra told me there is nothing he can do for me to regain the sight in my right eye. People that are acquainted with me say that my eye looks like it has an infection. From the time of the first procedure with Dr. Harooni until present my eye has been and is bright red.

EXHIBIT D

Dr. Norman A. Saffra billed Health First for the consultation on 6/9/16 •

I regret allowing Dr Harooni to perform this medical procedure on my right eye. The botched surgeries that he did and received payment for have caused me an immeasurable amount of hurt, pain and suffering, and has been grievous because of the botched procedures/surgeries and carelessness. I was told by Dr. Saffra would be permanent sight loss in my right eye and I am in a tremendous amount of pain on a daily bases.

I am requesting of this court that it grant legal help to be assigned to me for justice damages caused by Mark Harooni practicing medicine at
1301 Ave. J, Brooklyn, NY 11230 and

1530 Bedford Ave. Brooklyn, NY 11216

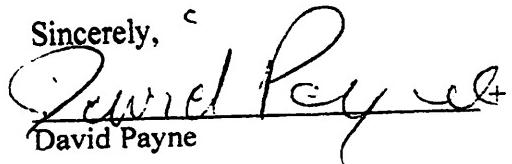
Total amount 2 million dollars or what this court decision is of for justice and fairness, my eye is itchy, my head is constantly hurting around and about the right side of my head, I wash my eye as often as I can tolerate to try to alleviate some of the pain most times to no avail.

My diagnose is Traumatic Brain Injury I was told by Dr. Harooni at the first consultation that this is the reason for the eye trauma. My diagnose has caused me other physical/organ problems some of the many symptoms I am suffering from is Chronic Pain Syndrome, irregular heart beat, respiration and temperature stabilization problems, chewing and swallowing difficulty, mobility with use of a power chair
Please see Dr. Siby Cherian letter dated July 12, 2016. Also Vignenora Ariyara, MD letter dated 3/22/17

I am requesting court hearings to be done by phone because of my medical conditions stated above.

cell 347-645-9648
home 347-442-0663

Sincerely,



A handwritten signature in black ink, appearing to read "David Payne".

David Payne



Heart Care Consultants

July 12, 2016

To Con Edison:

This letter is to inform that David Payne was seen in our office on 07/12/2016. Patient needs to have his electricity on and not cut off since he has very poor vision. Patient also has reduced mobility, ambulates in wheelchair and history of traumatic brain injury. If you have any question please do not hesitate to give us a call.

Thank you,

A handwritten signature in black ink, appearing to read "Siby Cherian".

Siby Cherian
HeartCare Consultants,
4713 Church Av
Brooklyn, NY 11203

MED CARE CONSULTANTS
Vic Ariyarakah, M.D. -
4713 CHURCH AVENUE, BROOKLYN, NY 11203
Tel: 718-284-7070 Fax: 718-284-7071
www.medcarenyc.com

4713 Church Ave 216 Montague St. 6224 Flushing Rd. 310 E Tremont Ave
Brooklyn, NY 11203 Brooklyn, NY 11206 Bronx, NY 11119 Bronx 10457

Tel: 718-284-7070 Fax: 718-284-7071 vic.ariyarakah@optonline.net



Mar 22, 2017

To whom this may concern:

This letter is to inform that David Payne is my patient and was seen on 03/22/2017. Patient has Traumatic Brain Injury and his diagnosis include Arrhythmia, Dysphagia. Patient has reduced mobility and is in a power wheelchair. He is in chronic pain from abnormal spasms of his neck and Dysphagia. Patient needs personal Aid 8 hours a day and 7 days a week.
If you have any question or concern please feel to contact me.

Thank you,

A handwritten signature in black ink, appearing to read "V. Ariyarajah".

Vignendra Ariyarajah MD
HeartCare Consultants
4713 Church Ave
Brooklyn NY, 11203

4713 Church Ave. Bklyn, NY 11203	226 Montrose Ave. Bklyn, NY 11205	6024 Ft. Hamilton Hwy. Bklyn, NY 11219	820 E. Tremont Ave Bronx 10457
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Tel: 718 284 7070 Fax: 718 282 7071 heartcareconsultants@gmail.com

TYPE OF CASE

APPROVED BY ATTORNEY

THE REQUESTER NEEDS TO OBTAIN INFORMATION RELATED TO THE EXISTENCE OF CERTAIN DATA, DOCUMENTS AND INFORMATION CONTROLLING THE OWNERSHIP OF A PROPERTY WHICH IS LOCATED IN A VILLAGE IN THE STATE OF NEW YORK. THE REQUESTER HAS BEEN ADVISED THAT THE INFORMATION IS HELD BY THE VILLAGE OF THE PROPERTY OWNER, ALAN HORN, WHO IS LOCATED IN NEW YORK.

THE REQUESTER IS REQUESTING THAT THE INFORMATION BE PROVIDED AS FOLLOWS:

1. A determination of the
situation of the property
in question.

2. A copy of the

XL0218 (09/97)

SSI SNAP CENTER (S15)
253 SCHERMERHORN STREET 1ST FL.
BROOKLYN, NY 11201

**NOTICE OF DECISION ON YOUR
SUPPLEMENTAL NUTRITION ASSISTANCE.**

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO
CON SU TRABAJADOR(A).

PROGRAM CODE = F15

NOTICE NUMBER: N035823127		DATE: November 20, 2015	CASE NUMBER: 006147703A	
OFFICE F15	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
AGENCY TELEPHONE NUMBERS			CASE NAME / AND ADDRESS	
GENERAL TELEPHONE NO. <u>718-722-4009</u> FOR QUESTIONS OR HELP				
OR Agency Conference		<u>718-722-4009</u>		
Fair Hearing information and assistance		<u>718-722-4009</u>		PAYNE DAVID 861 E 46TH ST, <i>APT 1A</i> BKLYN, NY 11203
Record Access		<u>718-722-4009</u>		
Child/Teen Health Plan		<u>718-557-1399</u>		

~~IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.~~

SUPPLEMENTAL NUTRITION ASSISTANCE

Your application for continued SNAP benefits is APPROVED from December 1, 2015 to November 30, 2019.

You will get \$194.00 in SNAP benefits each month.

This is because you have been included in the New York State Nutrition Improvement Project (NYSNIP). NYSNIP is a demonstration project that makes it easier for Supplemental Security Income (SSI) recipients who live alone to get and continue to receive SNAP benefits.

Information you gave to your worker during the recent recertification of your SNAP case showed that you will receive as much or more in SNAP benefits if you are included in NYSNIP than you would receive if you were not included in NYSNIP. NYSNIP participants can have longer certification periods for their SNAP cases, may receive more in SNAP benefits, and do not have to report as much information to their worker. So, if benefits you to be included in this project. Because it benefits you to be included in NYSNIP, you must be included in NYSNIP.

The amount of SNAP benefits you get is based on shelter (rent, mortgage, taxes and insurance), your income and whether or not you live in subsidized housing where heating, cooling and utility costs are included in the rent.

If you continue to get SSI and live alone, you will only have to recertify for SNAP benefits every four years.

However, every two years, you will get a letter asking you to answer a few questions about your living arrangements, shelter costs, heating and other utility costs. After you answer the questions you must mail the letter back to your local SNAP Benefits office to continue receiving benefits.

It still will be important to report certain changes in your circumstances to both your SNAP benefits worker and your SSI worker. You should tell your SNAP worker

SOCIAL SECURITY ADMINISTRATION

Date: May 23, 2017
Claim Number: XXX-XX-2888A
XXX-XX-2888DI

DAVID PAYNE
861 E 46TH ST APT 1A
BROOKLYN NY 11203-5749

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2016, the full monthly Social Security benefit before any deductions is.....\$ 720.20

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 720.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Supplemental Security Income Payments

Beginning October 2014, the current Supplemental Security Income payment is.....\$ 35.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Date of Birth Information

The date of birth shown on our records is December 17, 1953.

Medicare Information

You are entitled to hospital insurance under Medicare beginning August 1991.

You are entitled to medical insurance under Medicare beginning August 1991.

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

IF YOU HAVE QUESTIONS

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 866-563-9461. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
2250 NOSTRAND AVE
BROOKLYN, NY 11210

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

OFFICE MANAGER

Mark Harooni, M.D. Jonathan Sheindlin, M.D. Robert Feig, M.D.
586 President Street, Suite B
Brooklyn, New York 11215
Phone: (718)438-5600
Fax : (917) 386-2679

Doctor _____

Date: _____

Dear Doctor:

Please note that our mutual patient is scheduled for the following procedure(s):

Name of Patient: Payne, David

Diagnosis: Retinal Detachment, Vitreous Hemorrhage, Diabetic Retinopathy

cofonet

Procedures: PARS PLANA VITRECTOMY / CE - RT

Anesthesia: MAC

Ext - 1 Date of Surgery: 6/10/2015

Place of Surgery: BROOKLYN EYE SURGERY CENTER - 1301 AVENUE J
BROOKLYN, NY

Surgeon: Dr. M. Harooni

Please note that the patient needs to be medically cleared for this surgery. A medical clearance form is enclosed. Please also note that the following laboratory tests are needed:

1. CBC
2. SMA7 - CMP ACCEPTABLE
3. EKG
4. Completed medical clearance form - attached

Please complete and fax the above information to Fax: (917) 386-2679

Thank you,

Beth Katz

Surgical Coordinator

718-221-2020

Maggie

Send your
existing
material
to
700-800
or
800-1000

(e) reprints of prior art of relevance attached hereto hereto or
in separate document.

RECORDED - POSTAGE PAID - MAILED ON 6/10/2017

U.S. MAIL - MAILING ADDRESS: 1000 N. MICHIGAN AVENUE, CHICAGO, IL 60611

RECORDED - POSTAGE PAID - MAILED ON 6/10/2017

Mark Harooni, M.D. Jonathan Sheindlin, M.D. Robert Feig, M.D.
586 President Street, Suite B
Brooklyn, New York 11215
Phone: (718)438-5600
Fax :(917) 386-2679

Doctor Cherian

Date: _____

Dear Doctor:

Please note that our mutual patient is scheduled for the following procedure(s):

Name of Patient: Payne, David

Oil removed

Diagnosis: Retinal Detachment, Vitreous Hemorrhage, Diabetic Retinopathy

Procedures: PARS PLANA VITRECTOMY

Anesthesia: MAC

Date of Surgery: 11/11/15

Place of Surgery: BROOKLYN EYE SURGERY CENTER - 1301 AVENUE J
BROOKLYN, NY

Surgeon: Harooni

Please note that the patient needs to be medically cleared for this surgery. A medical clearance form is enclosed. Please also note that the following laboratory tests are needed:

1. CBC
2. SMA7 - CMP ACCEPTABLE
3. EKG
4. Completed medical clearance form - attached

*PT & PTT AS well
please*

Please complete and fax the above information to Fax: (917) 386-2679

Thank you,
Beth Katz
Surgical Coordinator
718-221-2020

Wednesday Nov 11, 2015

DR MARK HAROONI
DR ROBERT FEIG
DR JONATHAN SHEINDLIN

DR SHOBIT RASTOGI 11-12-15
DR LEKHA GOPAL

RETINAL DOCTOR SURGICAL COORDINATOR

Sylvia

1530 BEDFORD AVE
BROOKLYN, NY 11216
PHONE: (718) 221-2020
FAX: (888) 718-0040

JONATHAN
SHEINDLIN

BROOKLYN EYE SURGICAL CENTER

Ex B 1

EXT# 153

1301 AVENUE J
BROOKLYN, NY 11230
PHONE: (718) 645-0600
FAX: (718) 677-1995



BAY RIDGE AMBULATORY SURGERY CENTER

699 92ND STREET
BROOKLYN, NY 11228
PHONE: (718) 567-1813, (718) 567-1229

THE NEW YORK EYE AND EAR INFIRMARY

310 EAST 14TH ST @ SECOND AVE
NEW YORK, NY 10003
(212) 979- 4306

BROOK PLAZA

5000 AVENUE K @ UTICA AVE
BROOKLYN, NY 11234
(718) 451-5170

If you don't hear from the Surgery
Center by tuesday 11/10 @ 2pm
Please call Sylvia!

**MARK HAROONI, M.D., JONATHAN SHEINDLIN, M.D., ROBERT FEIG, M.D.
586-B PRESIDENT STREET, BROOKLYN, NEW YORK 11215
TELEPHONE (718) 438-5600/ FAX (917)386-2679**

PRE- POST OPERATIVE PATIENT INSTRUCTIONS

Surgery at:

Brooklyn Eye Surgery Center

Your surgery is scheduled for:

11/11/15

Please remember prior to your surgery, you must go to your PRIMARY CARE PHYSICIAN in order to obtain a clearance form. Your physician must clear you medically prior to surgery. Additionally, your physician must complete a CLEARANCE FORM, which must be FAXED to our office (917)386-2679.

There will be transportation arranged for you to take you to the center for the surgery and return you home following surgery. It may be helpful (but it is not required) to bring someone with you on the day of your surgery.

A nurse from the surgery center will call you 24 hours before your surgery to discuss and instruct you on your upcoming surgery. There may be a co-pay or co-insurance prior to surgery.

**REMEMBER: DO NOT DRINK OR EAT 8 HOURS PRIOR TO THE SCHEDULED PROCEDURE
YOU MAY TAKE MEDICATIONS WITH A SIP OF WATER**

- If you are diabetic, please follow your normal diabetic routine on the day of surgery, unless your primary care physician advises you otherwise. If you use insulin, please bring your own insulin and syringe with you to the surgery center.
- Take your regular prescription medications (or a list of them) with you to the surgery center. If you are taking a water pill, wait until after the surgery to take it.
- If you become ill or develop a fever before your surgery, please notify your doctor and surgery center.
- Do not wear eye or facial make-up on the day of surgery.
- When the surgery is completed, you will have a patch and a shield placed on the operated eye. Please try to keep the patch clean and dry. You do not need to use any eye drops on the day of surgery.
- One day after your surgery, you will need to come to the office so that a physician can examine you. The physician will give you instructions as to the medications you will need to take. Please remember to bring the POST-OPERATIVE KIT given to you at the surgery center.

We hope that your surgical experience will be smooth and comfortable. If you have any questions regarding your surgery, please do not hesitate to call your surgical coordinator 718-438-5600. You may also call your doctor at any time.

（三）本院之審判，應以事實為根據，以法律為準據，不得以人情為標準，不得以風氣為標準，不得以社會為標準，不得以政治為標準。

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स्वरूप देवता के रूप में उनकी विवरणों का विवरण देता है।

விடை செய்துகொண்டு விடுவதை அனுமதி கிடைவதே முன் விடை செய்ய வேண்டும் என்று நினைவு படித்து வருகிறேன்.

काले विद्युत की विद्युत वितरण का एक अवैध उपयोग है। इसका नाम बिल्डिंग विद्युत है।

《詩經》中「子」字的讀音，應當是「子」字的本音，即「子」字的讀音。

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19. The following table gives the number of cases of smallpox reported in each State during the year 1851.

10. The following table gives the number of cases of smallpox reported in each State during the year 1802.

କାହିଁ କାହିଁ

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Very little information has been recorded on the relationships between the vegetation and

Things to know about your denied claim:

- NOTE: We have denied all or part of this claim.**
However, you are not responsible for paying the billed amount because you received this service from a LIFE IMPROVEMENT PLAN (HMO SNP) provider.

- If you have questions, you can contact:
 - Our Member Services (phone numbers are in a box on page 1)
 - 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)

BROOKLYN EYE SURGERY CENTER LLC

Claim Number: In-network	Date of Service	Amount the provider billed the plan	Total Cost (amount the plan approved)	Plan's share	Your share
VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG, MACULAR PUCKER) (billing code 67041)	11/11/2015	\$2,500.00	\$1,965.45	\$1,965.45	\$0.00
TOTALS:		\$2,500.00	\$1,965.45	\$1,965.45	\$0.00

MARK HAROONI MD

Claim Number: In-network	Date of Service	Amount the provider billed the plan	Total Cost (amount the plan approved)	Plan's share	Your share
VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG, MACULAR PUCKER) (billing code 67041)	11/11/2015	\$3,000.00	\$995.68	\$995.68	\$0.00
TOTALS:		\$3,000.00	\$995.68	\$995.68	\$0.00

This image shows a single page from a handwritten document. The page is divided into two main columns by a vertical line. The left column contains ten numbered items, likely a list of topics or questions. The right column contains a continuous block of text, which appears to be a detailed response or explanation. The handwriting is in a fluid, cursive style, typical of personal notes or a draft. There are some minor scanning artifacts and variations in ink density.

CONSENT FORM TO LASER SURGERY

You have been given information about your condition and the recommended surgical medical or diagnostic procedure to be used. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure.

Condition: Doctor has explained to me that the following conditions exist in my case:

Glaucoma Laser

Proposed Procedure: I understand that the procedure proposed for evaluating my condition is:

Laser

Right Eye

Left Eye

Risks/ Benefits of the proposed Procedures:

Just as there may be benefits to the proposed, I also understand that medical and surgical procedures involve risk. These risks include allergic reaction, bleeding, infection, adverse side effects of drugs, or even loss of bodily function or life.

I also realize that there are particular risks associated with the procedure proposed for me and that these risk include but are not limited to:

1. Failure to achieve intent of surgery
2. Loss of vision
3. Bleeding in the eye
4. Early or late increase in pressure in the eye (Glaucoma)
5. Collection of Fluid in the back of the eye

Additional Comments:

Patient Signature:

Date:

12/22/17

PFO

DR MARK HAROONI
DR ROBERT FEIG
DR JONATHAN SHEINDLIN

DR SHOBIT RASTOGI
DR LEKHA GOPAL

RETINAL DOCTOR SURGICAL COORDINATOR

*Can See only dark
Shadows.*

1530 BEDFORD AVE
BROOKLYN, NY 11216
PHONE: (718) 221-2020
FAX: (888) 718-0040

1-7
718-712-2128
718-773-3715

BROOKLYN EYE SURGICAL CENTER

Ex H

EXT# 153

1301 AVENUE J
BROOKLYN, NY 11230
PHONE: (718) 645-0600
FAX: (718) 677-1995

6 10 15

BAY RIDGE AMBULATORY SURGERY CENTER

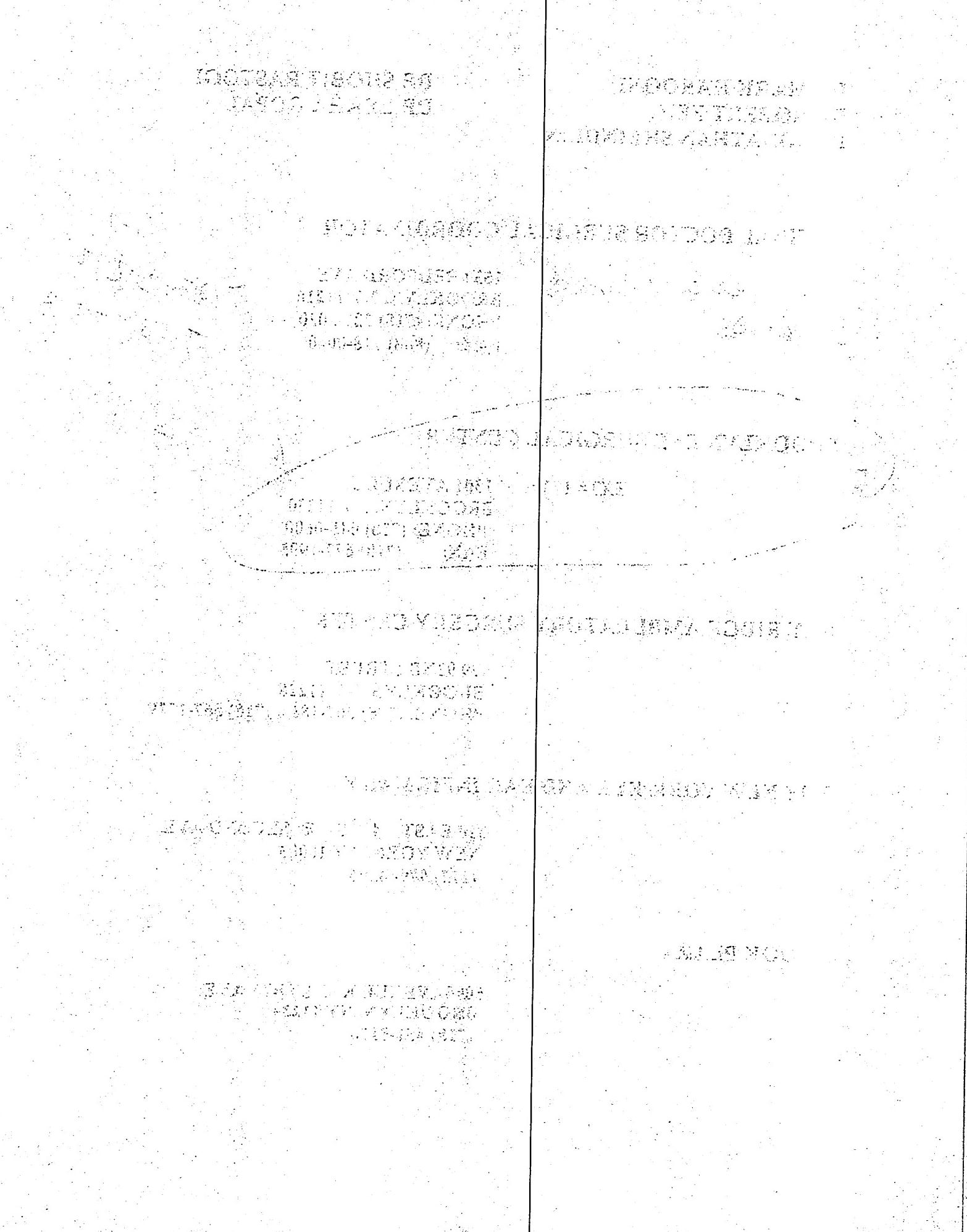
699 92ND STREET
BROOKLYN, NY 11228
PHONE: (718) 567-1813, (718) 567-1229

THE NEW YORK EYE AND EAR INFIRMARY

310 EAST 14TH ST @ SECOND AVE
NEW YORK, NY 10003
(212) 979- 4306

BROOK PLAZA

5000 AVENUE K @ UTICA AVE
BROOKLYN, NY 11234
(718) 451-5170



THE BROOKLYN HOSPITAL CENTER

Claim Number: 0112221577207

In-network

Date of Service

Amount the provider billed the plan

Total Cost (amount the plan approved)

Plan's share

Your share

TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING (billing code 92526)

11/02/2015

\$227.25

\$81.95

\$0.00

\$0.00

TOTALS:

\$227.25

\$81.95

\$0.00

\$0.00

SHOBIT J RASTOGI MD

Claim Number: 0112291510641

In-network

Date of Service

Amount the provider billed the plan

Total Cost (amount the plan approved)

Plan's share

Your share

IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLA UCOMA) (ONE OR MOR SESSIONS) (billing code 66761)

12/22/2015

\$2,500.00

\$343.00

\$343.00

\$0.00

TOTALS:

\$2,500.00

\$343.00

\$343.00

\$0.00

Ex C-1



Details for claims processed in June 2016

Look over the information about your claims — does it seems correct?

- If you have questions or think there might be a mistake, start by calling the doctor's office or other service provider. Ask them to explain the claim.
- If you still have questions, call us at Member Services (phone numbers are in a box on page 1).

You have the right to make an appeal or complaint

- Making an appeal is a formal way of asking us to change our decision about your coverage. You can make an appeal if we deny a claim. You can also make an appeal if we approve a claim but you disagree with how much you are paying for the item or services. For information about making an appeal, call us at Member Services (phone numbers are in a box on page 1).

Remember, this report is NOT A BILL:

- If you have not already paid the amount shown for "your share," wait until you get a bill from the provider.
- If you get a bill that is *higher* than the amount shown for "your share," call us at Member Services (phone numbers are in a box on page 1).

NORMAN A SAFFRA MD

Claim Number: 0106141644660

In-network

OPHTHALMOLOGICAL SERVICES:
MEDICAL EXAMINATION AND
EVALUATION, WITH INITIATION OR
CONTINUATION OF DI AGNOSTIC AND
TREATMENT PROGRAM;
INTERMEDIATE, ESTABLISHED
PATIENT (billing code 92012)

OPHTHALMOSCOPY, EXTENDED,
WITH RETINAL DRAWING (EG
OPHTHALMOSCOPY, EXTENDED,
WITH RETINAL DRAWING (EG FOR
RETINAL DETACHMENT MELANOMA)
(billing code 92226)

	Date of Service	Amount the provider billed the plan	Total Cost (amount the plan approved)	Plan's share	Your share
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OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DI AGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, ESTABLISHED PATIENT (billing code 92012)	06/09/2016	\$250.00	\$56.84	\$56.84	\$0.00
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OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG FOR RETINAL DETACHMENT MELANOMA) (billing code 92226)	06/09/2016	\$200.00	\$16.66	\$16.66	\$0.00
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我說：「你說得對，我就是那樣的。」

人。故其子曰：「吾父之子，其名也。」

卷之三

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NORMAN A SAFFRA MDClaim Number: 0106141644660
In-network

Date of Service	Amount the provider billed the plan	Total Cost (amount the plan approved)	Plan's share	Your share
TOTALS:	\$450.00	\$73.50	\$73.50	\$0.00



